



# Equine Veterinarians Australia

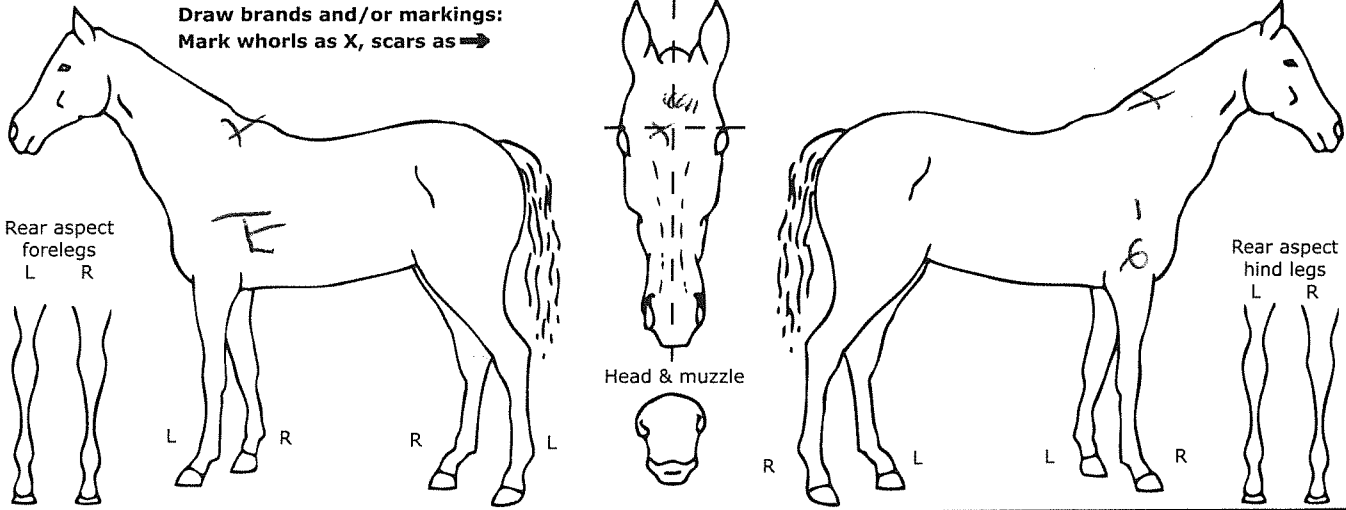
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## VETERINARY REPORT ON BROODMARE FOR SALE

This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine or any other medication.

Animal presented as: <b>VALLEJO</b>		Age/DOB: <b>240</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>BAM</b>	Microchip No: <b>98510001211 2296</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>S. Sullivan</b>		Place of examination: <b>Noorlun Park</b>



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b>
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input type="checkbox"/>			

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <b>6.5 x 6cm</b>	Left: <b>15mm, CL</b>	<b>No Abnormalities</b>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>6 x 6cm</b>	Right: <b>15mm, CL</b>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No Abnormalities</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No Abnormalities</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<b>No Abnormalities</b>		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No Abnormalities</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>No Abnormalities</b>		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>No Abnormalities</b>		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder	Y	N	Details		
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No Abnormalities</b>		
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

**Other comments**

Date: <b>14.6.19</b>	Signed: <b>DR SIMON J ROBINSON</b>
Name (please print): <b>S. ROBINSON</b>	<b>VICTORIAN EQUINE GROUP</b>
Contact Number: <b>0400504497</b>	Place stamp/write address here: <b>38 Heinz Street 05269</b>
AVA No: <b>1528</b>	<b>White Hills</b>
VPB No: <b>V4813</b>	<b>Vic 3550</b>
	<b>M 0400504497</b>